



**TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS**  
**Local Nashville Area (615) 532-5138**  
**(Toll Free) 1-800-778-4123**  
**www.tennessee.gov**

**APPLICATION FOR LICENSE AS A  
CHIROPRACTIC THERAPY ASSISTANT**

**INSTRUCTIONS**

1. Complete this application, have it notarized and mail it to the above address.
2. Attach a recent photograph to the front of the application. You must sign the back of the photograph.
3. Enclose a certified or notarized copy of your birth certificate or other equivalent document.
4. Enclose proof of graduation from high school or its equivalent.
5. Submit one (1) original letter of recommendation from a health care professional on the signator's letterhead attesting to your good moral character.
6. Submit verification of completion of a minimum combined total of fifty (50) hours of instruction approved by any board member or board designee, subject to full board approval, and which shall include but not be limited to such subject material as anatomy, physiology, patient protection, safety, emergency procedures, professional boundaries training, therapy, and rehabilitation techniques. Verification must be submitted directly from the instructor.
7. Submit verification of a completed state board examination with a minimum score of 75.
8. If you hold or have ever held a license/certificate as a chiropractic therapy assistant in another state complete and mail Attachment 1 to each State. Please follow directions on Attachment 1.
9. Submit with your application a check or money order in the amount of \$260.00 made payable to the Board of Chiropractic Examiners. This is a NON-REFUNDABLE FEE.

If you are applying by CRITERIA RECIPROCITY/ENDORSEMENT in additions to items 1 through 9 on page one of the instructions, the following items are required.

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|--|---------------|
| 1. An applicant requesting certification by criteria (reciprocity/endorsement) must be duly licensed or certified as a chiropractic therapy assistant in another state, or as a Tennessee physical therapy assistant, or hold certification with minimum equivalent training as determined by the board.                             | DONE<br>_____ |
| A letter of good standing must be provided from the state or board in which certification is held along with licensure criteria and educational training to ensure minimum equivalency. (Complete and mail Attachment 1 to the State agency with which you are currently licensed or submit a notarized copy of your certification.) | _____         |
| 2. If you hold or have ever held a license/certificate as an chiropractic therapy assistant in another State (other than above) complete and mail Attachment 1 to each State.  | _____         |
| 3. Submit with your application a check or money order in the amount of \$260.00 made payable to the Board of Chiropractic Examiners. THIS IS A NON REFUNDABLE FEE.  | _____         |

PLACE  
FULL FACE,  
PASSPORT SIZE  
PHOTOGRAPH  
HERE



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place, Metro Center  
NASHVILLE, TENNESSEE 37243

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TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR REGISTRATION AS A CHIROPRACTIC THERAPY ASSISTANT

Please indicate method of application.

\_\_\_\_\_ (1) Examination

(CRITERIA RECIPROCITY/ENDORSEMENT)

\_\_\_\_\_ (1) Currently licensed/certified in another State as a Chiropractic Therapy Assistant.

\_\_\_\_\_ (2) Inactive license/certificate in another State as a Chiropractic Therapy Assistant.

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Month) (Day) (Year)

Current Home Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Current Practice Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home E-mail ( ) \_\_\_\_\_ Work E-mail ( ) \_\_\_\_\_

For Office Use Only

Proficiency: \_\_\_\_\_  
Application \$250.00  
State Reg. \$ 10.00  
Total \$260.00

Criteria/Reciprocity:  
Application \$100.00  
Reciprocity \$150.00  
State Reg. \$ 10.00  
Total \$260.00

### **LICENSURE AND CERTIFICATION INFORMATION**

List all states where you currently have or have ever had a Chiropractic Therapy Assistant license.

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# COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
  - a. the cognitive capacity to make appropriate clinical diagnoses (if necessary) and exercise reasoned judgments and to learn and keep abreast of professional developments; and
  - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform tasks required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

## QUESTIONS:

**YES NO**

1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? \_\_\_\_\_
- a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? \_\_\_\_\_
- b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? \_\_\_\_\_

*[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]*

## QUESTIONS

**YES NO**

2. Do you currently use chemical substances? \_\_\_\_\_  
 If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?  
 Please list the substances used \_\_\_\_\_
3. Are you currently engaged in the illegal use of controlled substances? \_\_\_\_\_  
 If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? \_\_\_\_\_
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? \_\_\_\_\_
5. If you have held or applied for a license or certificate to practice as an chiropractic therapy assistant in any state, country or province, has or was it ever been denied, reprimand, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? \_\_\_\_\_

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place, Metro Center  
NASHVILLE, TENNESSEE 37243

TENNESSEE CHIROPRACTIC THERAPY ASSISTANT  
Local Nashville Area (615) 532-5138 (Toll Free) 1-800-778-4123  
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CLEARANCE FROM OTHER STATE LICENSURE BOARDS

**APPLICANT:** Please provide the information requested in the top box and then mail one form to the licensure board in each state where you hold or have ever held a license to practice any profession. (Copies of this form can be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a license/certificate to practice \_\_\_\_\_ with (check one)  
(Profession)

License π / Certificate π / Registry π number \_\_\_\_\_ on \_\_\_\_\_ the State of \_\_\_\_\_.  
(Date)

The Tennessee Board of Chiropractic Examiners requests that I submit evidence of the current status of that license/certification in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Chiropractic Examiners.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Applicant's typed or printed name \_\_\_\_\_

To Be Completed By Administrative Office of State Licensure Board

Name In Full As It Appears On License/Certificate or Permit.

\_\_\_\_\_  
(First) (M.I.) (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Basis of issuance: \_\_\_\_\_ Endorsement/Reciprocity with \_\_\_\_\_  
(Check One) (State)

\_\_\_\_\_ Written Examination \_\_\_\_\_  
(Name of Exam)

The License is currently active and registered? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any derogatory information on file? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Title Date

State Board: Please return this form to:

BM/G6010188/BCE

Tennessee Board of Chiropractic Examiners  
227 French Landing, Suite 300  
Heritage Place, Metro Center  
Nashville, Tennessee 37243